Complete and send this form, together with apparable feets), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

STRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through the ISSUE FEE and PUBLICATION FEE (if required).

35

•		2	த்/ or <u>Fax</u>	<u>(571)-273-2885</u>		٤		
INSTRUCTIONS: This for appropriate. All further con indicated unless corrected I maintenance fee notification	rm should be used for tran respondence including the l below or directed otherwise	smitting the ISSU Patent advance or in Block B	E FEE and PUBL dent and notification specifying a new	LICATION FEE (if request on of maintenance fees of correspondence address	uired). Blocks I will be mailed s; and/or (b) inc	through 5 sl to the current licating a sepa	hould be completed where correspondence address as trate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
EDWARDS & A P.O. BOX 55874 BOSTON, MA 022	•		Ce I hereby certify that the States Postal Service addressed to the Mai transmitted to the USF	rtificate of Mai his Fee(s) Trans with sufficient p il Stop ISSUE PTO (571) 273-2	smittal is being postage for firs FEE address	g deposited with the United st class mail in an envelope above, or being facsimile		
07/12/2006 FFANAEI1 00	000035 041105 096740		Kathryn A. Gr	Kathryn A. Grindrod (Depositor's name				
01 FC:1501 1400.00 DA				Mathyr a. Drinde		rindrod	(Signature)	
	00 DA 00 DA			July 7, 2006			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		ENTOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/674,068	09/674,068 04/06/2001			Takuma Hiramatsu		(840)	9269	
TITLE OF INVENTION: SI	PACE-DIVISION MULTIP	LEX FULL-DUPL	EX LOCAL ARE.	A NETWORK				
APPLN. TYPE	SMALL ENTITY	ISSUE FI	3E	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400	···	\$0	\$1400		08/17/2006	
EXAMINER ART U		ART UN	NIT CLASS-SUBCLASS		_			
BELLO, AGUSTIN 2613				398-127000				
CFR 1.363).	e address or indication of "F	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  1 David G. Conlin						
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,					
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
			Dodge LLP					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
SHARP KABUSHIKI KAISHA OSAKA JAPAN								
Please check the appropriate	assignee category or category	ries (will not be pri	inted on the patent)	: 🗖 Individual 🗱 C	Corporation or of	her private gro	oup entity Government	
4a. The following fee(s) are	enclosed:	4b	. Payment of Fee(s)	•				
Issue Fee Publication Fee (No small entity discount permitted)			☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies6			The Director is	hereby authorized by ch	arge the require	d fee(s), or cre	dit any overpayment, to	
			Deposit Accoun	nt Number <u>04~1105</u>	((	enclose an extr	a copy of this form).	
a. Applicant claims S	(from status indicated above MALL ENTITY status. See	37 CFR 1.27.		no longer claiming SMA				
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature Date July 7, 2006								
Typed or printed name _	David A. Tucker		Registration 1	No27	,840			

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JUL 0 7.2006

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/674,068-Conf. #9269 Application Number **FEE TRANSMITTAL** April 6, 2001 Filing Date For FY 2006 First Named Inventor Takuma Hiramatsu Examiner Name Bello, Agustin Applicant claims small entity status. See 37 CFR 1.27 2613 Art Unit TOTAL AMOUNT OF PAYMENT 55340-RCE (70840) 1,418.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Other (please identify): Money Order None x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 250 100 Design 200 100 50 130 100 65 Plant 200 100 300 150 160 80 300 500 250 Reissue 150 600 300 Provisional 200 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims** Multiple Dependent Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) - 20 = Fee (\$) HP = highest numer of total claims paid for, if greater than 20. Extra Claims Indep. Claims Fee Paid (\$) - 3 = X HP = highest numer of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) - 100 = /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1501 Utility issue fee 1,400.00 8001 Printed copy of patent w/o color 18.00 SUBMITTED BY Registration No. (Attorney/Agent) Signature Brand C. 7 weres 27,840 Telephone (617) 517-5508 Name (Print/Type) David A. Tucker Date July 7, 2006



opplication No. (if known): 09/674,068

Attorney Docket No.: 55340-RCE (70840)

## **Certificate of Express Mailing Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 755072200 US** in an envelope addressed to:

Mail Stop: ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on July 7, 2006 Date

Kathyn Q. Grandwd						
/ Signature						
Kathryn A. Grinda	rod					
Typed or printed name of person signing Certificate						
	(617) 517-5534					
Registration Number, if applicable	Telephone Number					

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (2 pages)

Part B - Fee(s) Transmittal (2 pages)

Return Receipt Postcard

Authorization to charge \$1,418.00 to deposit account 04-1105